

# APPLE FOR *DISTRICT* INTERNS

## APPLICATION 2004-2005



### SECTION I: TO BE COMPLETED BY THE APPLICANT (Please print or type)

1. Last Name		First Name	Middle Initial	2. Social Security Number (SSN)	
3. Street Address			City	State	Zip Code
4. Date of Birth / /	5. Telephone Number ( )	6. I am a U.S. Citizen or Eligible Non-citizen <input type="checkbox"/> Yes <input type="checkbox"/> Yes (Please enclose evidence from the U.S. Citizenship & Immigration Service that you are an eligible non-citizen.)		7. Passed the CBEST? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Gender: M <input type="checkbox"/> F <input type="checkbox"/>					
9. I describe myself as one of the following: <input type="checkbox"/> (1) African American <input type="checkbox"/> (2) Latino, Chicano <input type="checkbox"/> (3) Filipino <input type="checkbox"/> (4) Pacific Islander <input type="checkbox"/> (5) Asian American <input type="checkbox"/> (6) Native American <input type="checkbox"/> (7) Caucasian <input type="checkbox"/> (8) Other _____					
10. The date I expect to apply for a preliminary credential: _____ / _____ / _____					
11. I currently have received, or have been approved to receive, an educational loan: <input type="checkbox"/> Yes, please complete the information below.* <input type="checkbox"/> No. If you have not been approved to receive an educational loan, you are not eligible to apply for APLE.					
*If yes, indicate the lender, type, and status of all your educational loans:					
	Loan Type		Loan Status		Loan Balance
	Subsidized	Unsubsidized	Good	Delinquent	
<input type="checkbox"/> Stafford	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
<input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
					Lender/Service

### 12. I intend to provide teaching service in the following area - (Check only one):

- ☐ (1) **Mathematics** – Must be pursuing a single subject credential or supplemental authorization, which authorizes teaching Math in grades 7 – 12.
- ☐ (2) **Science (Life/Physical)** - Must be pursuing a single subject credential or supplemental authorization, which authorizes teaching Science (Life/Physical) in grades 7 – 12.
- ☐ (3) **Foreign Language** - Must be pursuing a single subject credential, which authorizes teaching a foreign language in grades 7 – 12.
- ☐ (4) **Special Education** - Must be pursuing a Special Education credential, which authorizes teaching in grades K – 12.
- ☐ (5) **Reading Specialist** - Must be pursuing a Reading Specialist credential, which authorizes teaching in grades K – 12.
- ☐ (6) **Designated Low-Income School\*\*** - Must be pursuing a multiple subject or single subject credential and agree to teach at a designated - low- income school in grades K – 12.
- ☐ (7) **School Serving Rural Areas\*\*** - Must be pursuing a multiple subject or single subject credential and agree to teach at a school serving rural areas in grades K – 12.
- ☐ (8) **State Special School** - Must be pursuing a Specialist credential, which authorizes teaching at a State Special School in grades K-12.
- ☐ (9) **School with a High Percentage of Emergency Permit Teachers\*\*** - Must be pursuing a multiple subject or single subject credential and agree to teach at a school with a high percentage of emergency permit teachers in grades K – 12.
- ☐ (10) **Low-Performing School\*\*** - Must be pursuing a multiple subject or single subject credential and agree to teach at a school ranked in the bottom 50% of the Academic Performance Index (API) grades K – 12.

\*\*For a listing of schools in these areas, please refer to the Commission web site at, [www.csac.ca.gov](http://www.csac.ca.gov)

Note: The teaching area you indicate on this application cannot be changed at a later date without the prior approval of the Commission.

**PLEASE TURN TO THE BACK OF THE APPLICATION TO CONTINUE**

## APLE APPLICATION CONTINUED

### By my signature, I understand and agree that:

- I do not hold an initial teaching credential, unless I am pursuing a Special Education or Reading and Language Arts Specialist credential.
- I must continue in the District Intern Program until I am recommended for a preliminary or clear teaching credential.
- I agree to obtain a California K-12 credential and teach in California schools grades K-12, depending on my subject area.
- I must have received, or have approval to receive, an eligible educational loan.
- **My application must be submitted to the APLE District Intern Coordinator by the deadline they have established.**
- If I am selected as an APLE District Intern participant, I must sign a Loan Assumption Agreement promising to provide four consecutive years of qualifying teaching service in the area I've designated in item #12 of this application.
- I will comply with all educational loan repayment obligations and continue making scheduled payments on educational loan(s) until notified by my lender that the loan is paid in full.

I declare under penalty of the laws of the State of California and of the United States that this form has been examined by me and to the best of my knowledge and belief is true, correct and complete. I am free of any obligation to repay any state or federal educational grant and I am not in default or delinquent on any state or federally insured educational loan. I authorize the Commission to receive and to release my student records, information regarding this application, and other information I have provided concerning my application between institutions and appropriate public and private agencies.

**Please sign and date:**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**E-MAIL ADDRESS**

**\*\*\*PLEASE RETURN TO THE APLE DISTRICT INTERN COORDINATOR\*\*\***

### SECTION II: TO BE COMPLETED BY APPLICANT'S DISTRICT INTERN OFFICIAL

1. District Intern program the applicant will be enrolled in during the current academic year:

School Name: \_\_\_\_\_

District Intern Program: \_\_\_\_\_

2. Date the applicant is expected to complete training for:

a preliminary or clear teaching credential:

\_\_\_\_/\_\_\_\_/\_\_\_\_

a specialist credential in reading and language arts OR special education:

\_\_\_\_/\_\_\_\_/\_\_\_\_

**By my signature, I hereby declare that the above information is true as is reflected on current official school records.**

\_\_\_\_\_  
(Signature of District Intern Official)

\_\_\_\_\_  
(Date)

School Seal  
Must Be  
Affixed

\_\_\_\_\_  
(Printed or Typed Name of Official)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(Title of Official)

\_\_\_\_\_  
(District Intern Program)

